

BRITISH MEDICAL JOURNAL

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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

As stated each week in "Instructions to authors" no letter will be acknowledged unless a stamped addressed envelope or an international reply coupon is enclosed.

Mental Health Act and consent to electroplexy

SIR,—We have noted the recent review of the Mental Health Act 1959¹ and, while welcoming the revision in general terms, are particularly apprehensive concerning the implications of some of the comments on evidence received in regard to consent to electroplexy (paras 6.14-6.30). These refer to second opinions from multiprofessional panels and second opinions from colleagues.

We would deplore any suggestion that a professionally qualified doctor who has specialised in his subject, obtained higher qualifications, and spent years working in his field is in any way incompetent to make his own decisions on the need or otherwise for administering treatment to a patient under his care. To make such a suggestion is to cast a slur on his competence and is insulting.

I personally would give a second opinion for a colleague on the need for such a procedure as electroplexy when, and not until, our surgical colleagues are equally restricted before they can decide on the need for appendectomy (in practice a more potentially lethal and dangerous procedure with a higher mortality and morbidity).

And no way will I act on the advice of non-

medically or non-psychiatrically qualified practitioners in coming to such decisions. To do so would be against the ethics of the medical profession and contrary to the terms of our employment. The training of paramedical colleagues no more equips them to comment on such decisions than might that of an anatomist or social worker to advise on the need for cholecystectomy.

I trust as a professional body we shall never be seduced into such a piece of idiotic thinking.

M T HASLAM

Honorary Secretary,
Society of Clinical Psychiatrists

Clifton Hospital,
York

¹ Department of Health and Social Security, *A New Deal for the Mentally Disordered*. London, HMSO, 1978.

Misdiagnosis of amoebiasis

SIR,—My colleagues and I welcome the assurance from Dr A L Jeanes that a service for the diagnosis of amoebiasis is freely available in his laboratory at Guy's Hospital.

(23 September, p 895). We do make increasing use of this service and are most grateful for it. I think that Dr Jeanes has misunderstood the point of my letter (5 August, p 428). My clinical colleagues and I became aware of the existence of the service only after the tragedy had occurred. The service may be well known to public health laboratories, but it is, I suspect, less well known to clinicians. The purpose of our letter was to draw the matter to the attention of clinicians so as to prevent further tragedies.

T H FOLEY

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SIR,—A recent case here of hepatic amoeboma successfully treated after diagnosis (largely through the serological help of a reference laboratory) prompts me to write. In your leading article (5 August, p 379) and subsequent correspondence views have been expressed on this important problem. Enhanced clinical awareness of disease amenable to safe therapy is encouraged but doubt cast on the adequacy of reference facilities for the reliable laboratory diagnostic tests now available. Recommendations on the clinical circumstances in which reference facilities always should be used vary from the fairly selective to the relatively all-embracing, where steroid therapy and surgery in abdominal and hepatic disease (other than in emergency conditions) are always preceded by the use of such facilities. Reference facilities should, of course, be used responsibly, but implications of possible expensive civil litigation in cases of mis-